

Certificate of Need Request for Extension

To request a six-month extension to incur a capital expenditure or above-ground construction, complete this form in its entirety. Also submit a completed Periodic Progress Report with this form if it is due at this time. Send this information by email to CONP@health.mo.gov (preferred), fax at 573-751-7894, or mail to CONP, P.O. Box 570, Jefferson City, MO 65102. Request for extensions must be received in adequate time to allow for processing prior to the meeting for which a decision is scheduled.

Date:		
Project #:	Project Name:	
Project Title/Description:		
1. Briefly explain why a capital expenditure will not be incurred by the current deadline.		
2. Briefly state the reason(s) for the extension request.		
3. What steps have been completed for the project to date and when were they completed?		
<u>Date Completed</u>	<u>Step Completed</u>	
4. What steps are needed in order incur a capital expenditure (above ground construction or equipment lease/purchase) for the project, and when will they be completed?		
<u>Anticipated Completion Date</u>	<u>Step to be Completed</u>	
5. What are the steps that will take place after the capital expenditure to complete the project and when do you anticipate that they will be completed?		
<u>Anticipated Completion Date</u>	<u>Step to be Completed</u>	
6. Are planning and/or zoning matters complete, and is the site approved? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", explain.		
7. Has financing been secured for the project? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If financing has been acquired and documentation was not previously provided, attach a copy of the letter from the lender or 3rd party documentation.</i> Are financing contingencies complete? <input type="checkbox"/> Yes <input type="checkbox"/> No Is financing available for immediate disbursement for the project? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is "no" to any of the above questions, explain. Give specifics of any and all existing financing problems and the reason(s) for their occurrence.		
8. Are there any new equity partners for the project as originally presented to the committee? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain.		
9. Explain any and all restructuring of the project as originally presented to the committee.		
10. Describe any anticipated situation(s) or problems not previously addressed that may prevent the project from incurring a capital expenditure by the end of the requested extension, should the extension be granted.		
11. If this extension is granted, do you anticipate that additional six-month extensions will be necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", how many would be needed? _____ Explain why additional extensions would be needed.		
Signature	Printed Name	Date